



**Nicole Alexander-Scott MD, MPH**  
**Director**

**Department of Health**  
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29 March 2016

Joel Beauvais, Deputy Assistant Administrator  
United States Environmental Protection Agency  
Washington, D.C. 20460

Dear Deputy Assistant Administrator Beauvais:

The mission of the Rhode Island Department of Health ("Department") is to prevent disease and protect and promote the health and safety of the people of Rhode Island. Key to achieving this mission is the assurance of the safety of our drinking water and prevention of lead poisoning.

Therefore, in response to your letter, we are pleased to take this opportunity to share with you what our state is doing to reduce exposure to lead through drinking water. With respect to your near-term requests:

- 1) *"Confirm that the state's protocols and procedures for implementing the LCR are fully consistent with the LCR and applicable EPA guidance."*

The Department's implementation of the LCR is consistent with EPA regulations and applicable guidance documents. More detailed information was provided on March 16, 2016 to Jane Downing, EPA Region 1 Branch Chief.

Additionally, a thorough review of sampling, maintenance of water quality parameters, reporting requirements, and our implementation of them, has been undertaken. Also, training has been scheduled for water system operators to review their responsibilities under the SDWA, and the recent changes to EPA's sampling protocol guidance.

- 2) *"Use relevant EPA guidance on LCR sampling protocols and procedures for optimizing corrosion control."*

The Department follows relevant guidance and federal regulations. As requested, we have posted a slightly modified version of the newly revised sampling protocol, edited to make it easier for water systems to use for their residents. Suppliers have been notified of its availability. Our laboratory has ordered wide-mouth bottles for lead sampling purposes. We look forward to the revised guidance on corrosion control optimization that will be available shortly.

- 3) *"Post on you agency's public website all state LCR sampling protocols and guidance for identification of Tier 1 sites (at which LCR sampling is required to be conducted)."*

All regulations and protocols are and have been online, though we are in the process of creating a more user-friendly location for all lead-related documents.

- 4) *“Work with public water systems – with a priority and emphasis on large systems – to increase transparency in implementation of LCR by posting on their public website and/or on your agency’s website:*
- *The materials inventory that systems were required to complete under the LCR, including the locations of lead service lines, together with any more updated inventory or map of lead service lines and lead plumbing in the system; and*
  - *LCR compliance sampling results collected by the system, as well as justification for invalidation of LCR samples.”*

Posting of lead service line location data and individual sampling data may be a significant challenge for many water systems. The Rhode Island Department of Health will work with and encourage water systems in the state to provide documentation to the public concerning materials inventories and associated maps and sample results. Our largest system plans to have a look-up table for public side lead service lines available within two weeks.

- The materials survey was required over 20 years ago. Systems were not required to report the results of that survey to the State. However, the state is working closely with systems to get any available information on line, and to gather more and better data where there is a need.
  - With respect to sample results, some systems collect hundreds of samples each year. It may take some effort for water systems to put these results online in a usable format. The Department already makes 90<sup>th</sup> percentile summaries available online, as well as all individual lead results that are reported to the Department electronically.
- 5) *“Enhance efforts to ensure that residents promptly receive lead sampling results from their homes, together with clear information on lead risks and how to abate them, and that the general public receives prompt information on high lead levels in drinking water systems.”*

Water systems are already required to inform consumers within 30 days of results being received from the lab, and to certify as much. Residents whose sample results are above the Lead Action Level are notified immediately, and given appropriate information to reduce their exposure. Systems who fail to properly notify participants are given violations. We are willing to explore possible ways to enhance this effort.

The Rhode Island Department of Health has enjoyed a positive and constructive working relationship with our primary contact, EPA Region 1. This partnership has allowed us to ensure

that our citizens are consistently provided with safe drinking water. We look forward to working together to meet these important challenges and maintain the public trust.

Please contact June Swallow, Chief of the Center for Drinking Water Quality, at (401) 222-7790 or at [june.swallow@health.ri.gov](mailto:june.swallow@health.ri.gov) with any questions regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Nicole Alexander-Scott". The signature is fluid and cursive, with the first name "Nicole" being the most prominent part.

Nicole Alexander-Scott, MD, MPH  
Director  
Rhode Island Department of Health